

POSITION	ID NO.	DATE
CLASSIFIER		46 5-31-95
EXAMINER		335-30
TYPIST	713	6/12
VERIFIER	441	6/12/95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 (1) ✓ =	5/5/95
2 2	5/4/95
3 3	
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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